

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number	Filing Date	
						Applicant(s)		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51	
2							52	
3							53	
4							54	
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45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep							Total Indep	
Total Depend							Total Depend	
Total Claims							Total Claims	